

Work Order ID 123853

August-28-14 10:04:20 AM

\*123853\*

Page 1

Item ID: D3875-1L08

Revision ID:

Item Name: Floor Protector, Passenger (Clear)

Start Date: 8/28/14 Start Qty: 25.00

Required Date: 8/28/14 Req'd Qty: 25.00

Reference:

Accept

\*N9000040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Cust Item ID:

Customer:

Approvals: Process Plan: MLJ

Date: 14-08-28 Tooling:

Date:

QC:

Date: SPC (Y/N):

Date:

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3875	C

100 0.00

\*100\*

HandThermo

Hand Finishing Thermoforming

Memo

I-Cut Sheet to required Blank size

0.00

27

DAS  
27  
9-89

14/9/10

105 0.00

\*105\*

HandThermo

Hand Finishing Thermoforming

Dry Material

Memo

Dry Sheet as per QSI022 POLYCARBONATE

Temp: 245 deg

Time IN: 5:00 PM

Time OUT: 6:00 AM

0.00

SEP 08 2014

Per.....

DAS  
27  
9-89

14/9/10

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;">           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </td> <td style="width: 33%;">           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </td> <td style="width: 33%;">           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </td> <td style="width: 33%;">           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </td> </tr> </table>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 123853

August-28-14 10:04:20 AM

\*123853\*

Page 2

Item ID: D3875-1L08

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Floor Protector, Passenger (Clear)

Stop \*NS2\*

Start Date: 8/28/14 Start Qty: 25.00

\*25\*

Cust Item ID:

Required Date: 8/28/14 Req'd Qty: 25.00

\*25\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

110

0.00

\*110\*

Thermoform

Thermoforming Machine

Memo

0.00

1-Machine Set-Up  
2-Pre-heat Tool to required temp.  
3-Thermoform as per Dwg and Folio #FTA0xxusing tool DT9435  
Dwg Rev: C  
Folio Rev: B

Visually inspect for proper formation and texture

140

0.00

\*140\*

HandThermo

Hand Finishing Thermoforming

Memo

0.00

1-Trim to finished dimensions as per Dwg

150

QC2- Inspect parts off machine FAI/FAIB

0.00

\*150\*

QC

Quality Control

Memo

0.00

Complete FAI document

27  
DAS  
27  
9-89  
4/9/10

Y17  
X10

DL  
14/09/22  
14/09/16  
DAS  
07  
9-89

X17  
X10

DL  
14/09/22  
14/09/16  
DAS  
07  
9-89

# Work Order ID 123853

August-28-14 10:04:20 AM

**\*123853\***

Page 3

Item ID: D3875-1L08

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Floor Protector, Passenger (Clear)

Stop

**\*NS2\***

Start Date: 8/28/14 Start Qty: 25.00

**\*25\***

Cust Item ID:

Required Date: 8/28/14 Req'd Qty: 25.00

**\*25\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00

**\*160\***

QC

Memo

0.00

Quality Control

~~16~~

17

DAS  
38  
9-89

14-9-19

DAS  
38  
9-89

14-9-22

170

Identify as per dwg & Stock Location: \_\_\_\_\_

0.00

**\*170\***

Packaging

Memo

0.00

Packaging

SHIP

14/9/19 10/11  
14/9/22 17/12

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.00

Quality Control

ML5 14-09-19

14-9-19  
14-09-24



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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**FAULT CATEGORY**

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# Picklist Print

August-28-14 10:04:25 AM

Page 1

Work Order ID: 123853

\*123853\*

Parent Item: D3875-1L08

\*D3875-1L 08\*

Parent Item Name: Floor Protector, Passenger (Clear)

Start Date: 8/28/14

Required Date: 8/28/14

Start Qty: 25.00

Required Qty: 25.00

Comments: Ipp Rev. C Added Color to D3875-1 14/07/02 DL

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08		Purchased	No			100	sf	2,726.508	9.84	116			

\*MI FXS 118-90318-08\*

Lexan Sheet

\*\*

## Location

therm

## Loc Qty

2726.508

## Loc Code

113127

8

m126994

2718.508

360 sl

SP  
11/9/10



DART AEROSPACE LTD		Work Order: 123853
Description: Floor Protector		Part Number: D3875-1
Inspection Dwg: D3875	Rev: B/C	Page 1 of 1

**FIRST ARTICLE INSPECTION CHECKLIST**  
**THERMOFORMING SECTION**

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than <u>N/A</u>				
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

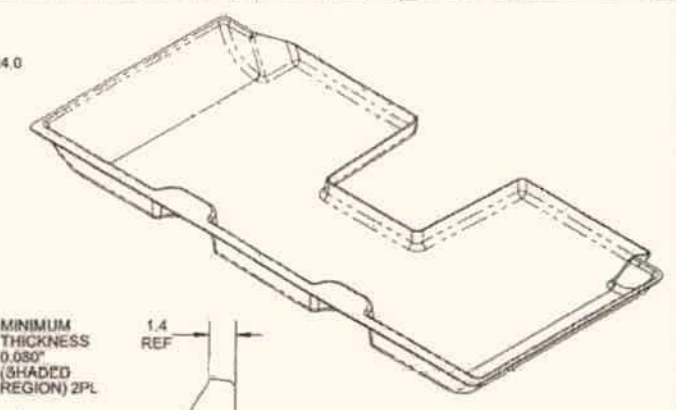
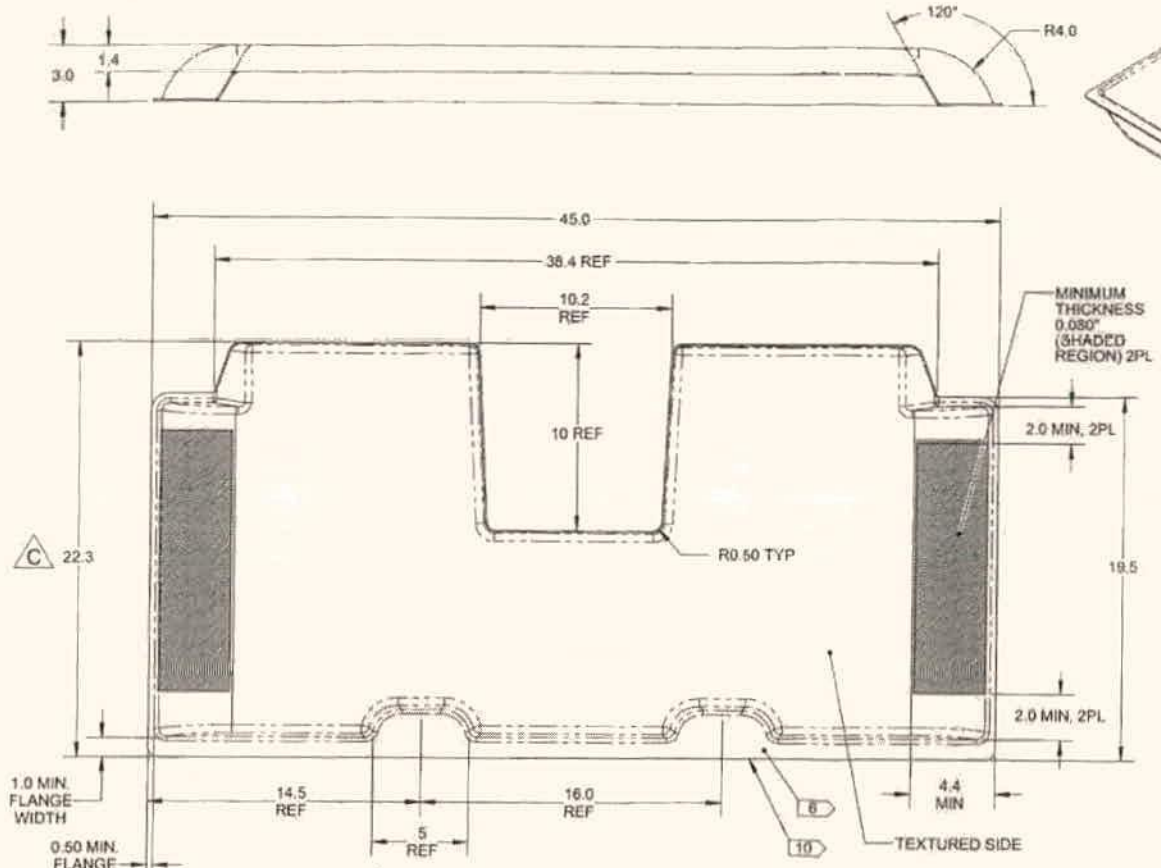
Measured by:	DAS 07 9-89	Date:	14/09/10
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**TRIMMING SECTION**

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.050	Min	0.058"	✓			
0.080	Min	0.087"	✓			
45.0	+/-0.100	45.1"	✓			
<del>22.3</del> 22.0	+/-0.100	22.3"	✓			
1.4	+/-0.100	1.42"	✓			

Measured by:	DAS 38 9-89	Date:	
Audited by:	9-89	Date:	14-9-19
Preliminary Approval:		Date:	

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	
B	13.05.08	Dimensions updated per Dwg Rev B	KJ	
C	14.03.31	Dimension revised	KJ	AA



SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO 123853-145  
14-08-28

RELEASED  
2014-06-17

**D3875-1LXX FLOOR PROTECTOR (206B)**

- NOTES:**
- 1) MATERIAL: SEE TABLE
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
  - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3875-1LXX" PER DART QSI 044 METHOD 6.4
  - 7) WEIGHT: 3.81 lbs
  - 8) TOOLING: THERMOFORM PER MOLD DT9475 PER QSI 022. TRIM PER MOLD.
  - 9) MINIMUM MATERIAL THICKNESS AFTER FORMING IS 0.050" EXCEPT WHERE SHOWN
  - 10) EDGE FLANGE MAY BE TRIMMED FOR FIT BY CUSTOMER, AS REQUIRED.

PART NUMBER	DESCRIPTION
D3875-1L02	F6006 SUEDE/POLISHED 701 BLACK LEXAN SHEET 0.125 THICK (REF DART SPEC MLEX.125-F6006-02)
D3875-1L08	90318 PROTECT-A-GLAZE 112 CLEAR LEXAN SHEET 0.118 THICK (REF DART SPEC MLEX.118-90318-08)

APPROVED

DESIGN	AK	DESCRIPTION	AK	14.04.10
DRAWN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED	VS	DRAWING NO.	REV. C	
MFG. APPR.	DL	D3875	SHEET 1 OF 1	
APPROVED	HS	TITLE	SCALE	
DE APPR.	D9	FLOOR PROTECTOR	NTS	
DATE	14.04.10	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRELIMINARY AND IS SUBJECT TO THE SUPPLIER'S CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD.		